

Insurance & Real Estate Committee Testimony  
By Representative Dorinda Borer 115<sup>th</sup> District-West Haven

Senator Larson, Senator Kelly, Representative Scanlon, ranking members and all members of the Insurance and Real Estate Committee, thank you for allowing me to testify on this very important **Bill #5208** An Act CONCERNING MAMMOGRAMS, BREAST ULTRASOUNDS AND MRI IMAGING OF BREASTS.

I would like to start my testimony by saying that I support the bill in its entirety as an alarming 3,500 new cases of invasive breast cancer will be diagnosed again this year in CT.

In the early 2000's CT was the leader in supporting and passing legislation that supported prevention and screening of breast cancer. Sadly, not enough progress has been made since then and our laws no longer reflect the developments in healthcare. And as a result, CT now ranks number 2 in breast cancer incidents in the nation only second to New Hampshire. Other than skin cancer it is the highest rate of cancer for females among CT Women.

This bill has various components addressing the screening and prevention of breast cancer. My testimony is going to focus on one particular area which is the coverage for Ultrasounds for persons with dense breast tissue and the need to be covered in the same manner as other screening mechanisms.

When it was determined that screenings for women with dense breast tissue, could possibly miss small abnormalities because the tissue masks the abnormality, our then Governor Jodi Rell championed a bill in CT whereby radiologists need to inform women that they have dense breast and may need an ultrasound for a full screening. This was a significant step of notification which was important, but the next step we need to address is how ultrasounds are covered.

When I was first elected and joined the Public Health Committee, I called each of my doctors to inquire as to what is one of the most prevalent obstacles that they see for access to care amongst their patients. When I contacted my gynecologist she said without missing a beat that for all intense purposes ultrasounds are considered a necessary tool for screening and prevention in women with dense tissue, yet the many patients who have to meet their deductible first, would need to pay out of pocket for this procedure and therefore often forgo it.

In other words if your deductible is \$1000 and the cost of an ultra sounds is approximately \$400 on average nationwide, the women won't get the procedure because they would have to pay that \$400 out of pocket if the deductible is not already met. And therefore, women without the means will not get the screening they need. We have a lot of inequities in our socio-economic backgrounds in CT and this is the perfect example of those with the inability to pay who will not get the access to care that we talk about is so important.

Now let me quickly address the cost to the State of CT, as I understand that prior to passing legislation for all residents of the State of CT, there is always a consideration of what this will cost the State of Ct employees plan. Therefore, I want to make sure I highlight something for you. If an employee in the state of CT goes for his/her ultrasound in network, it's covered. . The cost is not as significant as you would believe and I hope that you dig down in the fiscal analysis and ask the right questions when it comes to you.

Finally, I want to point out that our neighboring state of New York was yet another state that passed a law in 2017 which generally prohibits health insurers from charging coinsurance or deductibles for mammograms, ultrasounds, or MRIs as long as the insured meets certain criteria and goes to an in-network provider to perform the procedure. This legislation is one for Connecticut to potentially look to as a model, in order to ensure the well-being of our residents through equitable insurance guidelines regarding the both the coding of mammograms and the application of deductibles to screening procedures.

Thank you for your time.